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Health and Health Care Reform Committee
Representative Chuck Benedict
June 12, 2007

My thanks to Chair Vukmir and the other members of the Assembly Health and Health Care Reform Committee for holding this hearing on this important issue regarding needle electromyography (EMG). This is really about the quality of care for patients within a wide range of neuromuscular disorders--from simple muscle sprains to crippling muscular dystrophies, and from trauma and pinched nerves to life-shortening and currently incurable diseases such as ALS, better known as Lou Gehrig's Disease.

When the EMG needle exam is utilized, it is done in conjunction with a neurological exam to determine a diagnosis and prognosis to help guide treatment, be it medical, surgical, physical therapy, occupational therapy, or counseling. It is not a therapeutic procedure. It is physically uncomfortable, time-consuming, and costly. As you will se in a video, it involves placing a sharp, sterile needle into a muscle, recording the electrical potentials from several spots in that muscle, and then testing several other muscles in that limb. At the beginning of the exam, the examiner cannot tell how many muscles or even how many limbs may need to be tested, because that depends upon the data which is being collected. This is one reason why the test should only be done by a physician. He or she needs to constantly be making medical decisions about what possible disease underlies the patient's problem as the test proceeds.

The other main reason the EMG test needs to be done by a physician trained in electrodiagnostic medicine is that the waveforms of the electrical discharges from the muscles and their pattern of firing give clues as to the underlying disease and help to determine what other muscles need to be tested in order to obtain an accurate diagnosis.

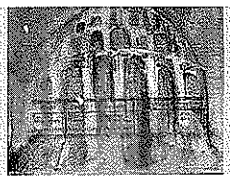
This must be done in real time; that is, as the test is being done. It, therefore, can only reasonably be done by a physician.

I would like to close by first showing you the types of needles used to perform the EMG needle exam.

And, finally I would like to leave you with a pithy description of the EMG needle exam. This is a description of the EMG test by an ALS patient in a book she wrote about her experience with the disease which was published posthumously. The author is Darcy Wakefield and the book is *I Remember Running--The Year I Got Everything I Ever Wanted--And ALS.* She wrote, "EMGs are the closest thing to medicalized torture that I can think of. They stick needles in your muscles, ask you to move the muscle, and then study the response of your body on a computer screen."

I believe that if any patient has to undergo an EMG examination, they should have it performed by the most highly qualified medical professional trained to do it, and that is a licensed physician.

This bill, AB325, will make this a reality in the State of Wisconsin.



James Tenuta and Associates

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To: Members of Assembly Committee on Health & Healthcare Reform

From: Rob Worth, President, Wisconsin Physical Therapy Association & Jason E Johns, Esq., Tenuta & Associates,

Re: Opposition to AB 325

Date: June 12, 2007

Dear Members of the Committee:

We are here today to express the Wisconsin Physical Therapy Association's opposition to AB 325. This legislation would limit the scope of practice of physical therapists in the state for no justified reason other than to place a monopoly upon a procedure that physical therapists have been performing without incident for decades.

After you have waded through all the different arguments that proponents of the legislation will set forth, we feel confident that you will agree this legislation is unnecessary. It only hurts the patients of the state of Wisconsin by taking away the option of having a physical therapist perform this procedure and thus eroding patient choice.

- **Physical Therapists have been performing needle EMG for decades without incident or any documented harm to a patient. We challenge proponents of the legislation to show where there are any incidents otherwise.**
- **PTs that perform needle EMG have completed a 2,000 hour post-graduate program provided and monitored through the American Board of Physical Therapy Specialties. 500 of these 2,000 hours are actual supervised performance of the procedure. At the end of this specialization process that usually takes years, the PT must sit for a board & practical examination.**
- **Although there are currently no PTs performing needle EMG in Wisconsin, there are 150 PTs nationwide who are certified. If this legislation were to pass, these PTs, and any future PTs, would not be able to perform an area of their practice that they have been doing so for decades without incident. You will be haring from a Navy physical therapist today that is a resident of Wisconsin and wishes to practice needle EMG in the state after his service. If this legislation were to pass, you would be giving him no choice but to go to another state to practice. Given the current state of health care, we know this**

committee does not want to drive good, hard working & qualified health professionals out of the state.

- **If this legislation were to fail, PTs would not all stand up and start performing needle EMG. All 150 PTs in the nation do not perform needle EMG without direct referral from a physician. The claim that physicians need this legislation in order to prevent patient harm, misdiagnosis, and just any PT performing needle EMG is simply <u>not true.</u> The <u>physician retains complete control over who performs the procedure.</u> The process for doing so is that a physician sees a patient, suspects or wants to disprove a theory by using needle EMG. The physician then chooses who to refer the patient to, whether that is him or herself, another physician, or a physical therapist. When a referral is made to a PT, the PT performs the procedure, compiles the results, and sends the results back to the referring physician for him or her to make a medical diagnosis. <u>A diagnosis is not made by the PT, nor is one able to be made simply from the procedure.</u> The results of a needle EMG need to be compiled along with the physician's exam, other lab testing, and patient history and symptoms. So to say that the patient would be harmed by a PT missing a medical diagnosis during the procedure is again simply <u>not true.</u>**

For these reasons, the Wisconsin Physical Therapy Association and its 1600 plus members in the State urge you to oppose AB 325. Or if you will not oppose, please consider supporting an amendment that would stipulate that only a physical therapist that has completed the specialization program detailed above will perform needle EMG in Wisconsin. Further, the amendment would stipulate that the PT will perform the needle EMG only upon direct referral from a physician and upon completion of the examination the PT will compile the results and send them back to the referring physician for a medical diagnosis. As the current scope of practice for PTs in Wisconsin is silent, and thus allows this procedure to be performed by all PTs, WPTA feels that this amendment is a compromise on our part that satisfies the "concerns" of proponents of the legislation and goes even further to protect the patients of Wisconsin. Our desire is only to protect a scope of practice for qualified physical therapists that choose to specialize in needle EMG and at the same time preserve patient and doctor choice.

Thank you,

Rob Worth, President Wisconsin Physical Therapy Association

Jason E Johns, Esq., Tenuta & Associates

WCA | **Wisconsin Chiropractic Association**
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Insurance Equality Provisions

632.87(3)(A) No policy, plan or contract may exclude coverage for diagnosis and treatment of a condition or complaint by a licensed chiropractor within the scope of the chiropractor's professional license, if the policy, plan or contract covers diagnosis and treatment of the condition or complaint by a licensed physician or osteopath, even if different nomenclature is used to describe the condition or complaint. Examination by or referral from a physician shall not be a condition precedent for receipt of chiropractic care under this paragraph. This paragraph does not:

1. Prohibit the application of deductibles or coinsurance provisions to chiropractic and physician charges on an equal basis.

2. Prohibit the application of cost containment or quality assurance measures to chiropractic services in a manner that is consistent with cost containment or quality assurance measures generally applicable to physician services and that is consistent with this section.

(b) No insurer under a policy, plan or contract covering diagnosis and treatment of a condition or complaint by a licensed chiropractor within the scope of the chiropractor's professional license, may do any of the following

1. Restrict or terminate coverage for the treatment of a condition or a complaint by a licensed chiropractor within the scope of the chiropractor's professional license on the basis of other than an examination or evaluation by or a recommendation of a licensed chiropractor or a peer review committee that includes a licensed chiropractor.

2. Refuse to provide coverage to an individual because that individual has been treated by a chiropractor.

3. Establish underwriting standards that are more restrictive for chiropractic care than for care provided by other health care providers.

4. Exclude or restrict health care coverage of a health condition solely because the condition may be treated by a chiropractor.

AMERICAN ASSN OF NEUROMUSCULAR AND ELECTRODIAGNOSIS MEDICINE

Support legislation that protects patients:

Limit the performance of needle electromyography and the interpretation of nerve conduction studies to those persons who are licensed to practice medicine in Wisconsin or who are certified by the American Chiropractic Neurology Board.

As medical technology and sophistication increases, so too are concerns about patient safety. A highly sophisticated practice of medicine and surgery that only licensed physicians or Doctors of Chiropractic certified in neurology should be allowed to do, involves a specific procedure called "needle electromyography" or needle EMG. This medical procedure involves interpreting "needle electromyography and nerve conduction studies."

What does all this mean?
Needle EMG is a unique, invasive medical procedure during which the physician inserts a needle into a patient's muscles to diagnose the cause of muscle weakness. By definition, diagnosis is the differentiation of one disease from another. Needle EMG is a specific practice of medicine.

Needle electromyography is performed to exclude, diagnose, describe and follow the course of diseases of the peripheral nervous system and muscles that affect diseases such as carpal tunnel, myasthenia gravis, ALS, and pinched nerves. This test has a proven track record that helps physicians diagnose and interpret treatment disorders of the nerve and muscle. The diagnostic interpretation of needle EMG takes place by the physician during the performance of the test. The physician decides what are the proper sites to test, interprets the results and moves to the next site. This requires extensive training and complex medical decision-making.

PHYSICIAN TRAINING

Physicians train to perform these studies generally by first doing a residency in either neurology or physical medicine and rehabilitation (physiatry). A period of preceptorship, that may happen during residency training, must be satisfactorily completed under direct supervision of an experienced electrodiagnostic medicine physician, preferably an American Board of Electrodiagnostic Medicine (ABEM) Diplomate. The period of preceptorship must be at least ***6 months fulltime***,[1] or equivalent thereto, with the first 3 months rigidly structured with regard to supervision. Any post residency course of study in electrodiagnostic medicine must be conducted where there is an ACGME, AOA, or RCPSC recognized neurology or physiatry residency training program. During these 6 months, at least ***200 complete electrodiagnostic evaluations*** must be performed on separate occasions; these studies must be documented and interpreted.

Training must include adequate educational experience in:

- Anatomy.

- Pathology of muscle and nerve.
- Neuromuscular physiology.
- Electrodiagnostic medicine, including instrumentation, quantification, and statistical analysis.
- Clinical aspects of neuromuscular diseases as they pertain to clinical electrodiagnosis.

QUALIFICATIONS OF CERTIFIED CHIROPRACTIC NEUROLOGY DISPLOMATES

Nationwide, there are only 590 individuals who have been certified through 2004 by the Diplomate of the American Chiropractic Neurology board. In Wisconsin there are currently seven individuals who are certified with this status. the reason there are so few is because of the extensive training and requirements needed to be qualified to practice this specific aspect of medicine.

CERTIFICATION REQUIREMENTS:

In order for a chiropractor to be certified by the Chiropractic Neurology Board, the following criteria must be met:

"The chiropractor must uphold standards for competent practice in the health care specialty of Chiropractic Neurology." Board recertification is designed for "continued competence" of the individual:

- chiropractor must had completed specialist training in neurology from a chiropractic college, university, institution, foundation or agency whose program is approved by the continuing education committee of the Commission for the Accreditation of Graduate Education in Neurology (CAGEN)

- minimum of 300 credit hours

- demonstrated competency in both written and practical exams administered by the Board in the specialty of neurology

- The Board administers examinations for the purpose of evaluating the candidate's proficiency in Neurology and neurological subspecialties.

- Candidates who are successful in all parts of the Board Examination of the ACNB shall receive a diploma certifying that the are a DIPLOMATE of the American Chiropractic Neurology Board

The Board maintains a testing mechanism that includes:

- Biannual job analysis

- Test construction based on specific content, verified as valid and reliable
- Exam covers cognitive written exam
- Practicum demonstrating desired skills and treatment applications
- Applicant has to show they have successfully completed a post doctoral program in neurology with a minimum of 300 credit hours
- The applicant has to have current license or registration to practice chiropractic
- Exam fee $1500, non refundable
- An annual recertification by the Board Certified Chiropractic Neurologists must occur to "enhance the continued competence" of the Diplomate.

The Board will supply the Federation of Chiropractic Licensing Boards and the American Chiropractic Association with the annual public listing of Board Certified Chiropractic Neurologists.

ANNUAL RECERTIFICATION REQUIREMENTS:

- a minimum of 30 classroom credit hours in continuing education in neurology each year in a program accredited by the Accreditation of Graduate Education in Neurology (CAGEN)

- The board may waive the mandatory 30 credits if:

  - the Diplomate is an author in the field of neurology and has a published article in a peer reviewed journal in the year of recertification.

  - the mandatory 30 credit hours must be in neurology if the Diplomate elects to have an on site exam (n the Diplomats office) . This includes observation of clinical visits, records review and oral responses to questions **which will prove his/her competency.**

CURRENT LAW for CHIROPRACTORS AS IT RELATES TO NEEDLE EMG
The Wisconsin Chiropractic Examine Board has already endorsed this as a standard for their profession. In their Regulatory Digest June 2002 Volume 14, Number 1, it stated:

Needle Electromyography (NEMB) may be utilized by chiropractors for diagnostic purposes. NEMG equipment maybe operated only by a chiropractor who has the education training and experience necessary to be eligible for, or has been admitted to, diplomat status by the American Boat do f Chiropractic Neurology (DABCN or DACNE.)

Stipulated under current administrative rules, chiropractors can perform certain kinds of diagnostic testing procedures. However, chiropractors cannot make arrangements with certain providers who provide diagnostic testing services or seek approval of agreements under which a chiropractor refers a patient to a service which performs and then

Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Health and Health Care Reform
Representative Leah Vukmir, Chair

FROM: Mark Grapentine, JD – Senior Vice President, Government Relations
Jeremy Levin – Government Relations Specialist

DATE: June 12, 2007

RE: **Support** for Assembly Bill 325 -- Needle Electromyography

On behalf of the Wisconsin Medical Society's 11,500 members, thank you for this opportunity to testify in support for Assembly Bill 325, relating to the practice of needle electromyography (EMG), nerve conduction studies and surface electromyography. We would especially like to thank the bill's author and retired neurologist Representative Chuck Benedict, MD (D-Beloit). As a former practitioner of needle EMGs, there is no one in the Legislature who better understands the true complexities of this procedure.

Needle EMGs are very technical procedures that physicians– particularly neurologists and physical medicine and rehabilitation physicians– spend four years of medical school and at least another four years in a post-graduate residency learning and performing thousands of needle EMGs prior to practicing independently. The procedure involves an invasive, diagnostic medical tool used to diagnose conditions, such as Lou Gherig's Disease, Parkinson's Disease, Multiple Sclerosis, carpal tunnel syndrome, etc., where the illness involves a lack of proper muscle function that a physician can test with the insertion of a needle into the patient's affected muscle area. The test requires the physician to perform and interpret the results in "real time" to determine what muscles to test to ultimately make the proper diagnosis. Other health care professionals claim they have the ability and training to perform a needle EMG. While their educational training is not as extensive as a neurologist or physical medicine and rehabilitation physician, performing the test is only a portion of the needle EMG procedure. Any test results performed by a non-physician health care provider would require a patient to be subjected again to the painful and costly procedure by an appropriately trained physician to validate previous testing methods and interpret the results in "real time" to make the proper diagnosis, and determine the correct course of treatment.

Additionally, the Society has clear policy bolstering our strong support of AB 325 as drafted:

> SCO-015
> **Electrodiagnostic Medicine:** The Wisconsin Medical Society affirms that performing needle electromyography is the practice of medicine, and work to discourage other non-physician health care professionals from expanding their scope of practice to include performing needle electromyography.
> The Wisconsin Medical Society works to discourage physicians from interpreting needle electromyographic studies that they did not actually perform, through methods including CPT coding modifiers to create a distinction between needle EMGs performed by a physician and those performed by another provider, even if later interpreted by a physician, and discouraging reimbursement for needle electromyography that was not actually performed by a physician. (HOD, 0406)

As our policy plainly states, physicians consider needle EMG within the practice of medicine, and only physicians should perform this complex procedure. The Society's policy also concurs with the state's Medical Examining Board (MEB), which registered its opinion on needle EMG with the Legislature last session. At their November 9, 2005 meeting, the MEB stated that needle EMGs be "performed only by trained physicians who are licensed by the Medical Examining Board." Attached is the MEB's letter to the Chiropractic Examining Board.

Thank you for your time and consideration. If you have any further questions or need additional information, please feel free to contact Mark Grapentine (markg@wismed.org) or Jeremy Levin (jeremyl@wismed.org) at (608) 442-3800.

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WISCONSIN DEPARTMENT OF REGULATION & LICENSING

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November 14, 2005

MS WENDY HENRICHS
VICE CHAIR
CHIROPRACTIC EXAMINING BOARD
1400 EAST WASHINGTON AVENUE
MADISON WI 53708-8935

Dear Ms. Henrichs:

The Medical Examining Board met on November 9 and considered 2005 Senate Bill 394, relating to electromyography, after being briefed on the status of the bill draft.

The Board passed a motion opposing the bill and asked that I communicate to you that the Board passed a motion in favor of needle and surface electromyography being performed only by trained physicians who are licensed by the Medical Examining Board and that the chiropractors who are currently practicing needle or surface electromyography should cease immediately.

Sincerely,

Dr. Alfred Franger
Chair, Medical Examining Board

c: The Honorable Carol Roessler
Wisconsin State Senator

c: Ms. Alice O'Connor
American Association of Neuromuscular and Electrodiagnostic Medicine

American Academy of Physical Medicine and Rehabilitation

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June 8, 2007

Representative Leah Vukmir
Chair, Committee on Health & Healthcare Reform
Room 107 West, State Capitol
Madison, Wisconsin 53708

Dear Representative Vukmir:

Re: June 12, 2007 Public Hearing on AB 325

Due to a conflict in scheduling, I am unable to attend the June 12, 2007 hearing concerning Assembly Bill 325; I am respectfully requesting that you accept this letter of support for the bill from the American Academy of Physical Medicine and Rehabilitation (AAPM&R).

On behalf of our more than 7,800 physician members, approximately 175 of whom reside in the state of Wisconsin, the American Academy of Physical Medicine and Rehabilitation (AAPM&R), writes to strongly urge your support of AB 325, a bill in Wisconsin that defines performance and interpretation of needle electromyography (EMG) and the interpretation of nerve conduction studies (NCSs) as the practice of medicine. This bill will protect patients in Wisconsin by requiring that EMG, a diagnostic medical examination, be performed only by physicians

AAPM&R is the national medical society representing physiatrists and residents who are specialists in the field of physical medicine and rehabilitation (PM&R) and practice in a range of settings including inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), nursing homes, outpatient departments, clinics and offices. Member physicians provide care across the spectrum of rehabilitation settings and are responsible for assuring the appropriateness and continuity of care for many patients. Physiatrists diagnose and treat adults and children with acute and chronic pain, persons who have experienced catastrophic events, resulting in paraplegia, quadriplegia, or traumatic brain injury, rheumatologic conditions, musculoskeletal injuries, and individuals with neurologic disorders such as stroke, multiple sclerosis, polio, amyotrophic lateral sclerosis (ALS) or any other disease process that results in impairment and/or disability. In order to accurately diagnose such conditions and offer patients appropriate treatment, physicians frequently perform complex medical diagnostic procedures like needle EMG and NCSs as an extension of their other diagnostic activities. *Physicians rely upon the results of these tests to determine a diagnosis and to make major decisions regarding medical and surgical management of neurological and neuromuscular conditions.*

In several states, health care practitioners such as physical therapists and chiropractors have introduced legislation that encroaches on the practice of medicine and would authorize non-physician practitioners to perform needle electromyography. AAPM&R believes that non-physician practitioners fundamentally lack

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the comprehensive medical knowledge and skills that are acquired by physicians during rigorous medical school education and training, and that are necessary to perform/interpret EMGs and interpret NCSs. Such legislation as proposed by nonphysicians could be interpreted as allowing them to perform and interpret a variety of complex neurodiagnostic tests, including EMGs and NCSs, which legally infringe on the practice of medicine.

Physical therapists and chiropractors should not be allowed to perform or interpret diagnostic procedures or the numerous laboratory and imaging services that are critical to identifying an accurate patient diagnosis.

It is simply not possible in many cases to make an accurate diagnosis of a patient without these services, which is why physician involvement is so important.

AAPM&R considers your responsibilities as a member of the Wisconsin Assembly pivotal in the development of rational policies that will contribute to cogent laws and regulations regarding patient quality of care issues and proposed allied health expansions. We believe that the primary consideration for all involved in regulating the scope of practice in the healing arts is patient safety. Anything less than a patient-centered focus in this area runs afoul of the strong trend of state governments, as well as the private sector, to address patient safety concerns and reduce medical errors in our health care system.

Today, more and more non-physician organizations are promoting changes in state laws that would allow their members to do what society has come to expect - even demand - of highly skilled, expertly trained physicians. In the field of physical medicine and rehabilitation, physiatrists and their patients are confronted with non-physicians, such as physical therapists, performing tests that are essential in diagnosing potentially serious disabling conditions and diseases. Physical therapists are trained in therapy, not medical diagnosis. Their training in EMG is measured in hours, not months or years. Therefore, the performance of these medical procedures is within the medical diagnostic purview of appropriately trained physicians.

The role of the physician, based on medical knowledge and training, so critical to effective health care, is to diagnose and treat a patient's condition, assess his or her need for medical care and services, oversee and coordinate the provision of that care and services, and to determine when those services should be stopped. Such a dynamic enables successful coordination of care where appropriate precautions are observed that may further prevent morbidity or mortality. However, allowing physical therapists to perform needle EMGs *eliminates* the physician's role from the diagnostic, treatment, and utilization constraint processes, and stands to threaten the health and well-being of those whom it serves.

Finally, as emphasized above, AAPM&R believes that when it comes to patient safety and optimum care, shortcuts should not be taken. AAPM&R also believes that taking a proactive stance on this issue will help to ensure patient safety and quality, particularly for those vulnerable patients with chronic conditions and disabilities.

American Academy of Physical Medicine and Rehabilitation

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Thank you for considering our views on this issue and we would be happy to address any questions through our staff contact, Suzanne Butler. Please feel free to contact her at 312-464-9700 if you require additional assistance in this matter.

Sincerely,

Joel Press, MD
President

cc:
Nalini Sehgal, MD
Wisconsin State PM&R Society President

Assembly Committee on Health and Healthcare Reform

Paul E. Barkhaus, MD
Professor of Neurology
Medical College of Wisconsin
June 12, 2007

Needle Electromyography

My background: I have 29 years experience in EMG. I am a Board Certified Neurologist. I also am Board Certified through the American Board of Electrodiagnostic Medicine. I have done one year of full time training in EMG, with an additional 1.5 years in EMG research at Duke University and Uppsala University in Sweden. I am a Professor of Neurology at the Medical College of Wisconsin and the Director of the Clinical Neurophysiology Training Program in Neurology there which is ACGME approved. I also am the Director of the Amyotrophic Lateral Sclerosis Clinical Program. I have over 25 research articles in peer-reviewed journals, mostly in EMG and in over half I am the first author. These have been cited several hundred times in other research articles and textbooks. In addition, I have approximately 15 books, book chapters, and other educational publications in EMG. I do teaching in EMG workshops at national and international meetings. Currently I am also on a national task force reviewing quantitative needle EMG.

Needle Electromyography (EMG): Needle EMG is the study of the integrity of the electrical signal that the muscle generates when it is activated or contracted, or by reflex when the nerve supplying the muscle is stimulated. In the normal state, the muscle generates a signal, the motor unit action potential. This signal becomes altered or abnormal in disease states, for example primary disorders of muscle fibers, neurogenic processes where the nerve supplying the muscle is impaired, or diseases when the connection between the nerve and the muscle (the synapse) become impaired. The muscle studied may range from those of the limbs (ie, arms and legs), to those of the paraspinal muscle, facial muscles, laryngeal muscles, and muscles of the pelvic floor. I should also add that nerve conduction studies are also typically performed. The two studies together are utilized in a complimentary way to reach an electrodiagnostic conclusion. The instrument used to perform these studies is referred to as an electromyograph, which is a sophisticated machine that is computer-based, but also includes special amplifiers, digital displays, trigger/delay lines, stimulators, etc.

I emphasize that needle EMG is not the same as an EKG for the heart. In the latter instance, a technician may perform the procedure as it is performed in a rote manner. Of course interpreting the EKG is performed by a medical physician trained in the procedure. In contrast, needle EMG varies depending on the clinical problem. In some cases, only a few muscles need be studied, in other situations, a more extensive study may be required. Therefore one must work under an economy of studying the fewest muscles needed to yield an appropriate diagnosis, yet perform an adequate study. Needle EMG, like most all medical procedures, are also not trivial in cost.

Surface Electromyography (EMG): Surface EMG differs from needle EMG in that it is a non-invasive study of the muscle signal using disc electrodes taped to the surface of the skin. It is not used clinically for diagnosis because of the limitations of the technique in isolating the muscle signal it is trying to record from. It may be suitable for therapeutic purposes such as biofeedback when detailed analysis of the individual motor units is not needed.

Specialists who are qualified to perform needle EMG: For medical doctors and osteopathic physicians, training in needle electromyography is generally within the two specialties of neurology and physical medicine and rehabilitation (also known as Physiatry). The ACGME (American Council on Graduate Medical Education), in conjunction with the respective specialty boards, stipulates how medical school graduates are trained in these specialties. This includes all aspects of their training including what, where, duration of training, and by whom. Not all physiatrists and neurologists may perform electrodiagnostic procedures such as needle electromyography as part of their practice. In each specialty, there is a minimum of full-time training under direct supervision in electrodiagnostic medicine. This means that the trainee is essentially one-on-one with a Board Certified Faculty person in that specialty. Additional certifications can be obtained. The American Board of Psychiatry and Neurology offers a fifth year of training in Clinical Neurophysiology that includes EMG. The American Board of Electrodiagnostic Medicine offers certification to MD or DO applicants that have completed 6 months minimum of full-time training in EMG. In both cases, candidates are certified upon successfully passing a Board Examination. I would refer anyone to their website for specific details, which are carefully documented and outlined.

Risks in performing needle EMG: We should really begin with whether an invasive procedure that typically causes at least minimal to moderate discomfort for most individuals is appropriate for that particular patient. That should be determined by the medical physician who is treating the patient, as well as the clinical neurophysiologist who is going to perform the study.

Other risks include patient with bleeding problems, vulnerable areas of skin where a small pinprick through the skin may result in an ulceration, to damage to neural or other structures. Standard precautions need to be observed, with particular reference to transmissible diseases such as HIV, Jakob-Creutzfeldt (pronounced "Yock-ub- Kroytz-feldt). In doing the test the electrodiagnostic consultant is assuming the responsibility for rendering a diagnostic interpretation or impression and not deferring this to the referring physician. If the latter is erroneous, it may lead to additional testing that may not be indicated or treatment to the patient that may not be appropriate (and hopefully not injurious). Finally, is the economic burden to the patient, who may be responsible for the payment of a test that was not indicated or in having a repeat test performed if the initial one was erroneous or inappropriate.

My concerns in allowing non-medical/osteopathic physicians perform needle EMG:

1. There is a perception that an EMG is, like I mentioned above, a rote procedure like an EKG where electrodes are placed in a standard position and a recording made of passive biological phenomena like the heart beat. EMG is quite dynamic, and requires that the electrodiagnostic consultant know the differences between the signals generated between various muscles, variations in normal, and when pathology is present- which in many cases may be subtle. Thus the impression that an electromyographer is like a phlebotomist drawing blood is wrong. To further analogize, the phlebotomist draws the blood and that's all. The interpretation of the test is performed by a clinical pathologist. In EMG, the electrodiagnostic consultant is performing the study which is technical in part, but also analyzing and interpreting findings as they study each insertion site. This means that the EMG study may likely be modified significantly as the study is performed.

2. I have no problem taking referrals from chiropractors. But they understand that they refer a patient to me for an initial consultation, not an EMG. If I feel an EMG is indicated, then I will proceed with the testing. A neurological consultation is far cheaper than an EMG. In 17 years experience reviewing hundreds of medical files, I have seen a large number of cases where chiropractors are involved with the patient's care. It is clear to me from their documentation that they do not understand what they are ordering, nor do they know what to do with the information in applying it to the patient's care.

3. I have reviewed the website for Chiropractic Neurology and it states that the minimum training requirements are 300 hours instruction in "neurology". Based on a 30 hour estimated full time instructional week, this means 10 weeks of training for neurology in general. The requirements also state that the areas of training emphasis should be periodically (every 5 years) based on a job analysis survey. In reviewing the job survey, I am dismayed to learn that this not only includes spinal conditions, but also disorders of the central nervous system like Parkinson's Disease, epilepsy, and other disorders that require medications that they are not qualified to prescribe. To then add in a diagnostic procedure that medical physicians spend more than twice that amount of time to obtain basic proficiency simply defies credibility. Chiropractors are not medical doctors: they do not order laboratory tests or prescribe medication other than for over-the-counter supplements.

4. Physical Therapists allegedly have training programs in performing EMG. To date I have not seen anything produced other than what I had read on a website for training in EMG. While there is didactic instruction, the actual hands-on training is nebulous in the form of workshops. I am aware of only one textbook

on EMG written by a PT which is more of a technical manual than a textbook. I find a number of errors in the book, and interestingly the glossary of terms in it is taken directly from the American Association of Neuromuscular and Electrodiagnostic Medicine's "Glossary of Terms". Every reference in the book is a book of electrodiagnostic medicine used by medical doctors, some of which I have I have contributed chapters or they have cited my research. Let us examine their title, "Physical Therapist". I believe the term "therapist" means just that, therapy- not diagnosis. I also caution that there has been some attempt to obscure the issue of ***needle EMG*** with ***surface EMG***. The latter is a reasonable therapeutic modality used by PTs which is not at issue here.

5. When one is certified to perform an electrodiagnostic procedure, one is certified as just that. The electrodiagnostic consultant is expected to know the various patterns of abnormalities possible. Chiropractors and Physical Therapists are not physicians. I do not understand how two groups (Chiropractors and PTs), whose main role is in treating soft tissue injuries, assume that they have the expertise to diagnose serious medical conditions. The argument that they would practice within the scope of their practice and they know what they don't know in dealing with complex diagnostic problems is wrong!

6. As a member of a national task force in EMG, we are reviewing over 2400 articles on EMG derived from a computerized search of the scientific literature. Although the authorship of the articles is not our specific charge, I have not found any article written by either a chiropractor or a PT.

7. There is no shortage of electrodiagnostic consultants to justify increasing the number of individuals doing EMG.

Members of the Health Care Committee, I thank you for your time and ask that you to do the right thing and support this bill in the interests of the citizens of Wisconsin.

Wisconsin Neurological Society

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June 12, 2007

Representative Leah Vukmir
Chair, Committee on Health & Healthcare Reform
Room 107 West
State Capitol
PO Box 8953
Madison WI 53708

RE: June 12, 2007 Public Hearing on Assembly Bill 325

Dear Representative Vukmir:

As a University of Wisconsin School of Medicine and Public Health associate professor of neurology and President of the Wisconsin Neurological Society, I would like to express my support for Assembly Bill 325.

As you know, this bill will improve Wisconsin's standards for needle electromyography (EMG) and nerve conduction studies (NCS) by requiring that these diagnostic medical exams only be appropriately performed and interpreted by a physician.

Needle EMG and NCS are studies performed by physicians to examine a patient's muscles and nerves. The procedures are employed by physicians to diagnose maladies ranging from carpal tunnel syndrome to life threatening diseases like Lou Gehrig's disease. During an electrodiagnostic consultation that includes both EMG and NCSs, the physician uses his or her medical school and residency training to determine what muscles should be studied. Throughout performance of the needle EMG and NCS evaluation, physicians use information from the studies being performed to determine which disorders can be ruled out and what further muscles must be examined to reach a final diagnosis. Diagnostic decisions are made throughout the examination. After the study, the physician combines the results of the needle EMG and NCSs with other information such as the history and physical examination to determine a diagnosis and treatment plan. Some nonphysicians believe they are capable of performing these studies. They view them as a simple procedure that a physician can interpret later. This is an inaccurate assessment of these tools. Properly performed, these tests require medical decision making, which is the practice of medicine.

Passing this legislation will prevent redundant studies and ensure accurate diagnoses, conserving scarce health care dollars. As you are aware, health care costs have soared in the last decade. To keep costs under control, it is critical that only necessary tests are performed and the right diagnosis reached. Health care dollars are wasted when unnecessary tests are performed, when trained physicians need to repeat studies performed by nonphysicians, or when surgeries are conducted based on inaccurately interpreted electrodiagnostic studies.

Thank you again for this opportunity to share my expert opinion on this legislation. I hope the Committee will see fit to approve this legislation in the near future so the full Assembly can pass it during this legislative session.

Sincerely,

Andrew J. Waclawik MD

Andrew J. Waclawik, MD
President, Wisconsin Neurological Society

cc: Assembly Committee on Health & Healthcare Reform

WCA | **Wisconsin Chiropractic Association**
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Chiropractic Scope of Practice

Chir 4.01 Authority. This Chapter is adopted under authority in ss. 15.08 (5) (b), 277.11 and ch. 446, Stats., to interpret the statutory definition of chiropractic practice specified in s. 446.01 (2) Stats.

Chir 4.02 Definitions. As used in this chapter,

(1) "Chiropractic science" means that body of systematic and organized knowledge relating primarily to the identification, location, removal or reduction of any interference to nervous system integrity or nerve energy expression and the resulting change in biochemical or physiological homeostasis. It is based on the major premise that disease or abnormal function may be caused **by abnormal nerve impulse transmission or expression** due to biochemical factors, compression, traction, pressure or irritation upon nerves as a result of bony segments, either deviating from normal juxtaposition or function which irritates nerves, their receptors or effectors.

(2) "Instrument" means a device employed or applied in accordance with the principles and techniques of chiropractic science, which is used in the practice of chiropractic to diagnose, analyze, treat or prevent the cause of departure from complete health and proper condition of the human.

Chir 4.03 Practice.

The practice of chiropractic is the application of chiropractic science in the adjustment of the spinal column, skeletal articulations and adjacent tissue which includes diagnosis and analysis to determine the existence of spinal subluxations and associated nerve energy expression and the use of procedures and instruments preparatory and complementary to treatment of the spinal column, skeletal articulations and adjacent tissue. Diagnosis and analysis may include physical examination, specimen analysis, drawing blood, blood-analysis and the use of x-ray and other instruments.

American Physical Therapy Association

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June 7, 2007

Members, Wisconsin State Assembly Committee on Health and Healthcare Reform:

On behalf of the American Physical Therapy Association (APTA) I am writing to share information with you regarding the potential impact of Assembly Bill 325. This legislation, if passed, would exclude physical therapists, particularly those who are certified specialists in this procedure, from performing needle electromyography (EMG), a test they are already qualified to perform. If the intent of the bill is to protect public safety and quality of care to the patients of Wisconsin, then physical therapists qualified and trained to provide this diagnostic tool should be exempted from this legislation.

We are aware of the distribution of misinformation being inferring that qualified physical therapists do not have adequate education and training to safely perform needle EMG. This is simply not true. The Commission on Accreditation of Physical Therapy Education (CAPTE) requires instruction in electrophysiological testing in the basic physical therapist professional education curriculum. Physical therapists who achieve Specialist Certification in Clinical Electrophysiology through the American Board of Physical Therapy Specialties must demonstrate 2,000 hours of direct patient care in the specialty area within the last 10 years, 25% (500) of which must have occurred within the last 3 years. Applicants for this certification must provide evidence of performing a minimum of 500 complete electroneuromyography examinations during those hours.

Medicare, the largest payer in the United States, reimburses for EMG/NCV provided by physical therapists. The Centers for Medicare and Medicaid Services (CMS) state that physical therapists who are board-certified in clinical electrophysiology by the American Board of Physical Therapy Specialties (ABPTS) may perform and be reimbursed for EMG.

Furthermore, there is no evidence that physical therapists who perform EMG pose a greater risk to patient safety than other providers. CNA, the underwriting company for a major provider of professional liability insurance for physical therapists, reviewed their claims database and found no claims nationwide that cited EMG performed by physical therapists as the cause of injury. There have also been no complaints by patients or incidents of malpractice on the part of physical therapists that would warrant exclusion from practicing EMG. All of this suggests that excluding physical therapists from the practice of EMG would do nothing to promote public safety as supporters of AB 325 claim.

Our priority is, and will always be, the safety and well-being of the patient. Physical therapists clearly have both the education and experience to perform EMG testing in a safe and competent manner – there is no evidence to the contrary. I urge you to amend AB 325 to exempt qualified physical therapists. Thank you for your consideration.

Sincerely,

R. Scott Ward, PT, PhD
President, American Physical Therapy Association

EMG DOES NOT CONSTITUTE A DIAGNOSIS

Evidence found in MEDICAL EMG TEXT and JOURNAL ARTICLE REFERENCES

1, Clinical Examinations in Neurology, Mayo Clinic, Rochester, Minnesota,
W.B. Saunders Chapter 16 – Electromyography and Electric Stimulation of Peripheral Nerves and Muscle-
Mayo Clinic Dept of Neurology.

" ***Electromyography does not give a clinical diagnosis of the patient's illness. There are no wave forms which are pathognomonic of specific disease entities***. Electromyography aids in diagnosis so far as the evidence of abnormality of the motor unit, which it provides is or is not compatible with the clinical diagnosis under consideration and the electromyographic ***results must be integrated with the results of other tests, clinical examination, and the history in arriving at a final diagnosis.***"

2, Electrodiagnostic Medicine, Hanley & Belfus, Inc. Philadelphia, PA, 1995,

Preface page ix

Daniel Dumitru, MD

" Neural impulse conduction techniques, somatosensory evoked potential induction, and various types of needle electromyographic assessments of muscle activity are performed to evaluate the manner in which disease alters the normal conduction characteristics of nerve and muscle. ***This information is combined with the medical history and physical examination to determine a diagnosis***. "

3, Electrodiagnosis in Clinical Neurology, 4th Edition, Churchill Livingston, SF 1999Chapter 10
Michael J. Aminoff, MD

"The EMG findings per se are never pathognomonic of specific disease and cannot provide definitive diagnosis, although they may justifiably be used to support or refute a diagnosis advanced on clinical grounds."

4,Electrodiagnosis in Disease of Nerve and Muscle: Principles and Practice, Edition 2, F.A. Davis, Philadelphia, PA, 1989.

Jun Kimura, M.D.
Professor of Neurology, The University of Iowa College of Medicine, Iowa City, Iowa

Chapter 13 – Types of Abnormality

"Electromyography is useful as a clinical tool only if the findings are interpreted in light of the patient's history, physical examination, and other diagnostic studies."

CNA Plaza 26S Chicago IL 60685-0001

Michael A. Scott
Assistant Vice President
Medical Professional Liability Underwriting
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April 16, 2007

Ms. Jennifer Baker
Director; Risk Management & Member Benefit Services
American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314

RE: Electromyography, Nerve Conduction Velocity Tests, & Nerve Conduction Studies

Dear Ms. Baker,

CNA has been the underwriting company for the APTA-endorsed physical therapy professional liability insurance plan, offered by Healthcare Providers Service Organization, since 1992, and is responsible for managing reported claims.

After reviewing our claims database, which includes approximately 2,700 open and closed physical therapist claims, we have not identified any claims nationwide specifying electromyography (EMG) or Nerve Conduction Velocity tests as a cause of injury alleged against any of our insured physical therapists. We are aware of one claim in California from policy year 1998, which alleges improper performance of a nerve conduction velocity study. This claim was reported, but never materialized, subsequently closing with no payments made.

The practice of electromyography or the performance of a nerve conduction velocity test or a nerve conduction velocity study by a licensed physical therapist trained in this area of specialization are currently not risk factors that we foresee as having immediate claim or rate impact on this business.

Please note that all findings stated herein are based solely upon CNA specific claim data. If I can be of any further assistance, please let me know.

Sincerely,

Michael A. Scott

Copy: Debra Caine/CNA
Michael Loughran/Affinity Insurance Services

AMERICAN ASSOCIATION OF NEUROMUSCULAR & ELECTRODIAGNOSTIC MEDICINE

AANEM

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Advancing Neuromuscular, Musculoskeletal, & Electrodiagnostic Medicine

June 12, 2007

Representative Leah Vukmir
Chair, Committee on Health & Healthcare Reform
Room 107 West
State Capitol
PO Box 8953
Madison WI 53708

RE: June 12, 2007 Public Hearing on Assembly Bill 325

Dear Representative Vukmir:

I regret that I am unable to attend the hearing concerning Assembly Bill 325, and submit this letter as written testimony. For the record, I am Shirlyn Adkins, the Executive Director of the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). The AANEM has 5000 physician members who are mainly neurologists and physical medicine and rehabilitation physicians. I am writing to express the AANEM's support of Assembly Bill 325.

Electrodiagnostic medicine broadly refers to an area of medicine that involves the diagnosis and treatment of patients with muscle and nerve disorders. Two of the main studies used by the physicians are needle EMG and nerve conduction studies. A needle EMG examination is a dynamic test where a needle is inserted through the skin and into muscle. Nerve conduction studies use surface electrodes to assess the integrity and diagnose diseases of the peripheral nervous system. The AANEM, the American Academy of Neurology (AAN), the American Academy of Physical Medicine and Rehabilitation (AAPMR), the American Medical Association (AMA), the Department of Veterans' Affairs, and many state medical Boards have stated that conducting a needle EMG examination and the interpretation of NCSs are the practice of medicine and should only be performed by physicians. Additionally, insurance companies are beginning to limit performance and interpretation of these studies to physicians as a requisite for reimbursement.

This legislation is about protecting the citizens of Wisconsin. Physicians are extensively trained through 4 years of medical school, 4 more years of residency training and in many cases an additional year of fellowship training. During electrodiagnostic testing, the physician uses his or her medical school and residency training to determine what nerves and muscles should be studied using needle EMG or nerve conduction studies. Physicians make diagnostic decisions throughout the test to determine what further muscles and nerves to test. After the test, the physician combines the test results with other information such as the history and physical examination to determine a diagnosis and treatment plan.

The AANEM believes that passing this legislation will safeguard scarce health care dollars. As you are aware, health care costs have soared in the last decade. To keep costs under control, it is critical that only necessary tests are performed and the right diagnosis reached. Health care dollars are wasted when unnecessary tests are performed, when trained physicians need to repeat studies performed by nonphysicians, or when ineffective care or surgeries are conducted based on inaccurately interpreted electrodiagnostic studies.

The AANEM has been contacted by the Office of the Inspector General for the US since the number of nerve conductions being reported under Medicare has suddenly skyrocketed over 30% during recent years. The AANEM has also been contacted by physicians concerned about mobile diagnostic units that may be operating fraudulently across the US. The typical scenario is that a technician performs a predetermined set of tests on every single patient including multiple nerve conduction studies. The results are then sent to a physician in another location—frequently in another state to be interpreted. The charges, usually excessive,

are then sent to the insurance company. State Farm Insurance company filed a lawsuit against a Florida based mobile diagnostic laboratory trying to recoup several million dollars from fraudulent studies that have been occurring since 1993. Additionally, the Illinois Attorney General has filed a suit against other mobile diagnostic laboratories they believe have conducted unnecessary tests and have cost private insurance companies more than $230 million dollars. The National Insurance Crime Bureau estimates that unscrupulous medical diagnostic testing facilities cost insurers hundreds of millions of dollars nationwide.

The AANEM supports this legislation to ensure that Wisconsin residents receive the best care and so that scarce health care dollars are preserved. Thank you for allowing me this time to share the AANEM's support for Assembly Bill 325.

Sincerely,

Shirlyn Adkins, JD
Executive Director

cc: Assembly Committee on Health & Healthcare Reform

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621 Science Drive
Madison, WI 53711

608.265.3207
608.263.4995 Fax

UW Health

University of Wisconsin
Hospital and Clinics

June 12, 2007

To: Members Assembly Health Committee
Chair Leah Vukmir

Re: Assembly Bill 325

Dear Representatives:

On behalf of the Wisconsin Medical Society, the Wisconsin Society of Physical Medicine and Rehabilitation, and the University of Wisconsin Department of Orthopedics and Rehabilitation, I urge you to vote "Yes" on AB 325 to amend the Wisconsin statutes to restrict the performance of needle electromyography (EMG) and the interpretation of needle EMG and nerve conduction studies (NCS) to properly trained physicians.

There are three points that I would like to emphasize for you today:

1. No genuine patient care need has been identified in Wisconsin to justify the desire of allied health professionals to expand their scopes of practice to include these complex diagnostic procedures.
2. Allowing allied health professionals to perform needle EMG and interpret needle EMG and NCS will have a negative impact on the cost of health care and the safety of patients.
3. Most importantly, only physicians are appropriately educated, trained and experienced in the performance of needle EMG and the interpretation of needle EMG and NCS.

Around two dozen physicians graduate every year from accredited training programs in physical medicine and rehabilitation and neurology here in Wisconsin. These are the specialists who receive focused training in the performance of needle EMG and the interpretation of needle EMG and NCS. Like myself, a majority of these physicians remain in the state to practice. Not only are we part of every major medical group in the state, but there are also hundreds of trained specialists in our community hospitals and in small outpatient private practices scattered around Wisconsin. Stated plainly, access to an appropriately trained physician for this complex diagnostic procedure is not an issue.

Needle EMG and nerve conduction studies provide valuable diagnostic information that needs to be integrated with data from the clinical history, physical examination and other laboratory tests (imaging and blood work), and which then has a direct impact on the recommendations for patient treatment. These procedures are also relatively expensive and uncomfortable. Scientific literature demonstrates that allowing those with more

limited diagnostic skills and technical training to perform these complex procedures increases the risk for misdiagnosis. Missing the subtle findings that can lead to a diagnosis, or providing a patient with a common diagnosis like carpal tunnel syndrome instead of a more serious diagnosis like cervical myelopathy could unnecessarily delay appropriate treatment, raise treatment costs, and result in serious disability. In his comparison of EMG and NCS performed by physicians to those performed by nonphysician providers, Dr. Timothy Dillingham's article illustrates this problem as it relates to the potentially painful and debilitating diagnosis of polyneuropathy. Having to repeat inadequately performed studies will also increase health care costs and unfairly force patients to repeat an uncomfortable procedure.

To supplement my basic science training in college, I received four years of training in medical sciences, physical diagnosis, and clinical patient care through medical school. Having developed an interest in neuromusculoskeletal disorders, I then pursued an additional four years of training through a residency program in physical medicine and rehabilitation at the Medical College of Wisconsin. This training built upon a broad foundation to further develop my ability to diagnose and treat a wide variety of neuromusculoskeletal disorders. Integrated into part of this focused training, I was required to read EMG text books, participate in relevant didactic lectures, and complete at least two hundred closely supervised, hands on needle EMG and NCS studies over a minimum of six months. Contrast this to the one book chapter and one morning lecture on EMG and NCS that I provide to the physical therapy students here at the University of Wisconsin, as part of their broader course on electrophysiology. Even their specialized training programs are filled with vague statements on certification requirements such as:

may elect to pursue formal education
2000 hours of direct patient care, but not necessarily hands on EMG
vaguely defined supervision
submission of sample examinations

Patients are referred for EMG and NCS when a care provider is unsure about a diagnosis or how to proceed with treatment. A typical referral might be for someone with pain, weakness and some tingling in the arm and hand. The physician is trained to be aware of the broad differential diagnosis for these symptoms (which ranges from tendonitis, carpal tunnel syndrome, and diabetic polyneuropathy to more serious conditions like cervical myelopathy and Lou Gehrig's disease) and how muscles and nerve are affected in each condition. With this information in mind, an initial combination of nerves and muscles to be tested is developed. As the study proceeds, information is gathered AND interpreted. In performing NCS, does the response from electrical nerve stimulation appear normal, and if not, why not.... Are we stimulation directly over the nerve and recording over the right muscle? Can we obtain a response by recording closer to the point of electrical stimulation? Are there technical factors with the EMG machine (electrical interference) or the environment (room temperature is too cold) that need to be adjusted before the results can be properly interpreted? The real time decisions required during the EMG needle examination are even more complicated. Here a needle is inserted through the skin and into muscle tissue. While adjusting the needle in small increments to ensure its proper placement, the physician then needs to monitor the appearance of electrical

waveforms on a screen and the sounds made by the muscle at rest and with activity. Even slight deviations from optimal positioning in normal muscles can create the appearance of abnormal waveforms. Furthermore, decisions about which muscle to test next are made based on the findings in muscles previously tested.... Are the muscles that appear abnormal innervated by a particular peripheral nerve, nerve root or by abnormalities in the central nervous system? Which muscle do I have to check next to confirm or rule out my suspicions? The real time decision requirement makes these studies different form other tests like radiographic imaging, EKGs, or blood work. Finally, the study results need to be integrated with other clinical data so that appropriate treatment recommendations can be made. Properly performed each step in the process requires diagnostic decision making, which is the practice of medicine. A physician does this based on years of education, training and experience.

Thank you for the opportunity to present my views on this issue. Remember, a "Yes" vote on AB 325, will promote the health and safety of Wisconsin taxpayers and preserve precious health-care resources by helping to ensure that those performing this complicated diagnostic procedure are highly qualified.

Sincerely,

Frank J. Salvi, M.D., M.S., FAAPM&R

To: Assembly Committee on Health and Health Care Reform
Representative Leah Vukmir, Chair

From: Donn Dexter, MD
Chair, Department of Neurology,
Luther Midelfort, Mayo Health System

Date: June 11, 2007

Re: Assembly Bill 325, Needle EMG

I am writing in support of Assembly Bill 325, Needle EMG. In my capacity as a board certified neurologist I am very familiar with this procedure and I understand the importance and difficulty in performing this clinical test. I strongly believe that this test should be performed only by persons with extensive training in clinical neurophysiology.

This is a test that requires operator expertise and interpretation. This level of skill is obtained only with rigorous training and extensive clinical experience.

In our group, all the neurologists have received training in EMG and are licensed to perform this testing. We have agreed, however, to limit the performance of this testing to a subset of our group. In this way the quality of testing will remain high and the providers performing this testing will develop a higher level of expertise. Many groups are not able to make this commitment to quality care due to the higher level of reimbursement for this form of testing. Our integrated system allows us to allocate resources based on need and skill of provider rather than degree of reimbursement.

Tests performed by non-expert personnel may be of substandard quality and are very likely to be repeated, thus increasing the cost and complexity of care. If the testing is not repeated the results could possibly be erroneously included in the evaluation of patients leading to errors in patient treatment.

It is my strong belief that EMG needle examination of patients should be restricted to personnel with the minimum of training required by the American Academy of Neurology. In this way costs of patient care and patient safety will be best served.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

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TO: Members of the Assembly Health and Healthcare Reform Committee

FROM: Larry J. Martin, Executive Assistant

RE: AB 325 -Needle EMG Legislation

DATE: June 12, 2007

The Department of Regulation and Licensing has not taken a position on AB 325 or SB 175, needle EMG. However, the legislation is of interest to at least three of our health profession boards –the Chiropractic Examining Board, the Medical Examining Board and the Physical Therapy Examining Board.

The Chiropractic Examining Board took the position in June 2002 that needle electromyography was within a chiropractic neurologist's scope of practice. In November 2005 the Medical Examining Board (in relation to 2005 Senate Bill 394, relating to electromyography and amending the Medical Practice Act) took the position of opposing the bill and suggesting that needle electromyography or surface electromyography be done only by trained Physicians licensed by the Medical Examining Board and that current chiropractors practicing this procedure cease immediately.

Both positions are attributable to the individual Boards and not the Department of Regulation and Licensing itself. Both Boards reviewed the issue and made their individual determinations.

Neither the Medical Examining Board nor the Chiropractic Examining Board have yet had the opportunity to discuss the specific legislation proposed in Assembly Bill 325 or Senate bill 175. It is the Department's understanding that the Physical Therapy Examining Board will be providing the Committee with testimony on their position at the hearing today.